

**TRAINING MASTERS PTY. LTD.**

RTO Code: 41479 | CRICOS Provider Code: 03510J | ABN: 72 611 635 128

Level 3, 84–86 Mary Street, Surry Hills NSW 2010, Australia

T: (02) 8278 7722 E: [admissions@tm.nsw.edu.au](mailto:admissions@tm.nsw.edu.au) W: [www.tm.nsw.edu.au](http://www.tm.nsw.edu.au)**Documents Request Form**

Please ensure to fill this form correctly and pay all outstanding tuition fees. Incorrect or incomplete forms will result in delays or rejections.

|                             |                     |       |
|-----------------------------|---------------------|-------|
| Title: Mr / Ms / Miss / Mrs | Student Number:     |       |
| Student Name (Print):       |                     |       |
| Phone:                      | Email:              | Date: |
| Qualification Code:         | Qualification Name: |       |
| Course Start Date:          | Course End Date:    |       |

**Please tick which documents you want:**

- ☐ Attendance Certificate      ☐ Statement of Attainment      ☐ Academic Transcript
- **(All outstanding fee instalments must be paid before requesting these document) \***
    - **(Extra fees might be incurred for requesting document)**
- ☐ Testamur and Statement of Results (SOR) [additional/duplicate copy- \$200 fees payable upfront]
- ☐ Confirmation of Enrolment    ☐ Completion letter    ☐ Application for Permission to Work
- ☐ Withdraw or Terminate the enrolled course (DHA will be informed)    ☐ Holiday Letter    ☐ Verification Letter
- ☐ Withdraw and Release Request (for transfer to another education provider)      [You are required to complete withdrawal form]  
(attach copy of offer letter)      (College name)

Why do you require documents (e.g. To extend my visa / I have finished my course.)?

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Signature ..... Date .....

**Office use only****Student Services Department**

Received By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Finance Department** [This section is only applicable if student is applying for additional copy of Testamur and Statement of Results]

Amount: \_\_\_\_\_ Account Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED/NOT APPROVED BY:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_